PENNSYLVANIA VOLUNTARY FIRE SERVICE CERTIFICATION PROGRAM NFPA 1006 - 2013 Edition



SECTION I

	t Identification	n Number (FEMA SII	1#1.	Li	nter your 10-digit FEMA SID#
		to https://cdp.dhs.gov/F			
Last Name	First Na	ime	M.I.	Suffix	SSN# (last 4-digits only)
Mailing Address		City	State	Zip Code	County
Date of Birth Prim	Birth Primary Phone Alternate Phone			Email Address	
Affiliation (Fire Dept./Org	anization)	Ti	tle/Rank		Date Hired/Joined
Fire Dept/Organization Ad	ldress	City	State	Zip Code	County
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SECTION II

Chapter 77, Section 7713 of Title 35 Health and Safety, Part V of the Pennsylvania Emergency Management Services Code reads:

"A person convicted of violating 18 Pa. C. S. § 3301 (relating to arson and related offenses) or any similar offense under Federal or State law shall be prohibited from serving as a firefighter in this Commonwealth and shall be prohibited from being certified as a firefighter under Subchapter F of Chapter 73 (relating to State Fire Commissioner)."

All individuals making application for certification testing must provide documentation of a background check. Proof of a non-conviction MUST consist of *either* of the following:

1. An official criminal history record check obtained pursuant to Chapter 91 (relating to criminal history record information) indicating no arson convictions.

OR

2. By dating and signing of the following statement by the person swearing to the following:

"I have never been convicted of an offense that constitutes the crime of "arson and related offenses" under 18 Pa. C.S 3301 or any similar offense under any Federal or State law. I hereby certify that the statements contained herein are true and correct to the best of my knowledge and belief. I understand that if I knowingly make any false statement herein, I am subject to penalties prescribed by law, including, but not limited to, a fine of at least \$1,000.00"

Name of Candidate (please type)	
Signature of Candidate	Date

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$\underline{SECTION\;III}\;\text{-}\;Please\;Read\;and\;Complete\;all\;information:}$

A candidate should meet the requirements of NFPA 1582, Standard on Medical Requirements for Firefighters as	nd
information for Fire Department Physicians prior to physical testing to ensure their ability to safely perform the require	ed
tasks.	

tasks.
During your participation in certification testing, in the event of injury/illness are you protected by an insurance carrier providing hospitalization and/or Workmen's Compensation? YES NO
<u>Liability Waiver</u>
I, the undersigned, have hospitalization insurance and do hereby release the following individuals and organizations from any and all liabilities or causes of action for any injuries or illness incurred during or after my participation in the Voluntary Certification Program Test sponsored by the Office of the State Fire Commissioner/Pennsylvania State Fire Academy, Pennsylvania Emergency Management Agency and hosted by the
(Name of Test Site)
The release covers all the aforementioned individuals and agencies as well as their agents, employees, or volunteers participating in this event.
This release covers all injuries or illnesses occurring during or as a result of the activities engaged in by the undersigned during the Voluntary Certification examination including any injuries which might result from physical abuse from third party participants or other individuals in or around the area where the examination is being conducted.
This release is intended to release all injuries, damages, or law suits to the undersigned person and property, whether known, unknown, foreseen, unforeseen, patent or latent which the undersigned may have against the Office of the State Fire Commissioner (OSFC), the Pennsylvania Emergency Management Agency, the Host Entity, or its agents as listed above. The undersigned understands and acknowledges the significance and consequence of such specific intentions to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that may occur from the above-mentioned event.
By signing and dating of this document I HEREBY ACKNOWLEDGE that I HAVE READ THE CONTENTS of this waiver, and that I FULLY UNDERSTAND THE SAID CONTENTS of the release, and that I HAVE SIGNED INTENDING TO BE LEGALLY BOUND.
Candidate Name (please type) Signature of Candidate Date

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SECTION IV

It is understood that the candidate registered on this form has done so with the full knowledge, consent, and approval of the named organization on page one of this application; and is protected by an insurance carrier or the organization. Furthermore, I attest that the candidate meets the requirements noted in Section III of this application. Participation approved by:

Name of Chief Officer (please type)	Daytime Phone	Email
Signature of Chief Officer	Title	Date
SECTION V		
REQUIREMENT: NFPA 1006 (2013 Ed) S	Section 4.2 Hazardous Materi	als Incident and Contact Control
(2017 Edition) Chapter 5 (Core Competer	ncies) and Chapter 6, (Missional), OR NFPA 470 (2022 E	rations Level in accordance with NFPA 1072 on-Specific) section 6.2 (Personal Protective dition), Chapter 7 (Core Competencies) and nd section 9.6 (Product Control).
Attach a copy of one of the following recog Jones & Bartlett curriculum.	nized certificates. Training cer	rtificates MUST be from the PSFA approved
Hazardous Materials Operati	ons Level training OR	
Hazardous Materials Operati	ons Level Annual Refresher tra	aining OR
Hazardous Materials Operati	ons Level Responder National	Certification (ProBoard or IFSAC)
NOTE: The certificate (training, refresher to the certification application and MUST meet		Γ be current and dated within one (1) year of 72 (2017) OR NFPA 470 (2022).
REQUIREMENT: NFPA 1006 (2013) JPF	R 4.3 Rescue Technician Gene	ral Requirements
To qualify at the Rope Rescue Technician Le performance requirements in Chapter 5 of the		ertified and shall perform all job
Certification (state or training agency	issued Pro-Board or IFSAC) C	Certificate OR
Official Transcript from approved ed	ucational training agency show	ing successful completion of certification OR
Rescue Technician (Specialty) Nation	nal (IFSAC or Pro Board) certif	ication.

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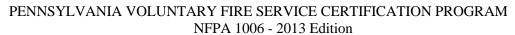
REQUIREMENT: NFPA 1006 (2013 Ed) Section 4.2 Emergency Medical Care

The following is a list of approved courses that meet the requirements of Chapter 6, Section 6.2.1. Each candidate MUST show, at minimum, an approved CPR/AED card/certificate AND an approved emergency medical training card/certificate. A cognitive and skills assessment for both the CPR and First Aid training courses MUST be completed as part of your course, including ALL written exams or optional written exams if applicable. All CPR courses MUST include Adult, Child, and Infant CPR.

Please assure the following:

- Check the EMS certification / medical training, AND CPR training you possess are listed below;
- Indicate issue and expiration date (i.e., Exp. Date) in the boxes provided;
- Attach copies of your course certificate or card for CPR and Medical Training. Your certificate or card **MUST** be signed where applicable in order to be valid. Copies **MUST** include front and back where applicable.
- If submitting an eCard or eCertificate, the copy provided **MUST** have an interpretable QR code or number, certificate ID, or authorization number.

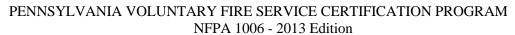
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A DED OVER THE CERTIFICATION OF FEDERAL TO A TANK OF COVERS				
APPROVED EMS CERTIFICATIONS/MEDICAL TRAINING COURSES				
AHA – Heartsaver First Aid	Issued:	Exp. Date		
ARC – Emergency Medical Response	Issued:	Exp. Date		
ASHI – Emergency Medical Response	Issued:	Exp. Date		
National Ski Patrol – Outdoor Emergency Care	Issued:	Exp. Date		
NSC -Basic Life Support: Healthcare & Professional Rescuers	Issued:	Exp. Date		
NSC – First Aid Taking Action – Advanced Training	Issued:	Exp. Date		
AAOS – Emergency Care & Safety Institute Emergency Medical Responder	Issued:	Exp. Date		
PA DOH – Emergency Medical Responder	Issued:	Exp. Date		
PA DOH – EMT OR Advanced EMT	Issued:	Exp. Date		
PA DOH – EMT Paramedic	Issued:	Exp. Date		
PA DOH – Healthcare Professional	Issued:	Exp. Date		
APPROVED CPR COURSES	<u> </u>			
AHA – Heartsaver CPR (Adult/Child/Infant)	Issued:	Exp. Date		
AHA – BLS Provider OR BLS for Healthcare Provider	Issued:	Exp. Date		
ARC – Basic Life Support for Healthcare Providers	Issued:	Exp. Date		
ARC – CPR/AED for Healthcare Providers	Issued:	Exp. Date		
ARC – CPR/AED for Professional Rescuers	Issued:	Exp. Date		
ARC – CPR/AED for Professional Rescuers and Healthcare Providers	Issued:	Exp. Date		
ASHI – Basic Life Support BLS for Healthcare Providers and Professional Rescuers	Issued:	Exp. Date		
NSC – Basic Life Support Healthcare & Professional Rescuer	Issued:	Exp. Date		
AAOS – Emergency Care & Safety Institute Health-Care Provider CPR (Professional)	Issued:	Exp. Date		
EMS Safety Services, Inc. – BLS for Healthcare Providers	Issued:	Exp. Date		
Pro Trainings, LLC – Pro CPR Healthcare Provider CPR	Issued:	Exp. Date		
Geisinger CPR Program	Issued:	Exp. Date		
Military Training Network Resuscitative Medicine & Training Program BLS for Healthcare Providers	Issued:	Exp. Date		

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Prerequisite Verification Form

	are below indicates I read and understand the requirements of this program, rthermore, I meet the prerequisites established by the Standard or the Aut	
	I am 18 years of age or older;	
	I signed the Chapter 77, Section 7713 of Title 35 form or have provided a record check obtained pursuant to Chapter 91;	n official criminal history
	I signed the application;	
	I had a chief officer sign Section IV of this application;	
	I attached a copy of my approved, current Hazardous Materials Operation Refresher Training Certificate (Jones & Bartlett curriculum);	as Course or Operations
	I attached a current, signed cards or certificates that fulfill the CPR and M Requirements;	ledical Training
	I attached proof of General Requirements Certification;	
	Testing Assistance	
	I am physically capable of completing the practical skill exercises.	
	I am able to read and comprehend the written test and related materials.	
	I will not be submitting a request for accommodation for National Certific	cation exam;
	OR	
	I <u>will</u> be submitting a request for accommodation for the National Certific that I MUST contact the Certification Program Manager no later than three the certification exam.	
7 1: 1-4-	e Name (please type) Signature of Candidate	Date

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